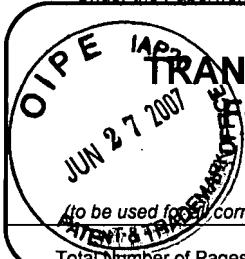


JRW

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/533,835
Filing Date	May 4, 2005
First Named Inventor	Markus Krumme
Art Unit	
Examiner Name	
Attorney Docket Number	RO4037US (#90568)

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> return postcard receipt
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	D. Peter Hochberg Co., L.P.A.		
Signature			
Printed name	D. Peter Hochberg		
Date	June 25, 2007	Reg. No.	24,603

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Sean Mellino	Date	06/25/2007

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

JUN 27 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)

0.00

Complete if Known

Application Number	10/533,835
Filing Date	May 4, 2005
First Named Inventor	Markus Krumme
Examiner Name	
Art Unit	
Attorney Docket No.	RO4037US (#90568)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 08-2441 Deposit Account Name: D. Peter Hochberg Co., L.P.A.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Fee (\$)	Fee Paid (\$)
50	25
200	100
360	180

Multiple dependent claims

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number)	x 250.00	= 0.00

4. OTHER FEE(S)

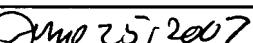
Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	24,603	Telephone	216-771-3800
Name (Print/Type)	D. Peter Hochberg	Date			

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

CERTIFICATE OF MAILING

I hereby certify that this document is being deposited with the United States Postal Service as First Class mail in an envelope addressed: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on the date noted below:

Date: 6/25/07



Sean Mellino

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Markus Krumme
Serial No.	:	10/533,835 (Conf. No. 8149)
Filing Date	:	May 4, 2005
Examiner (Group Art Unit)	:	
Title	:	MULTILAYERED TRANSMUCOSAL THERAPEUTIC SYSTEM
Attorney File	:	RO4037US (#90568)

**SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 CFR 1.97**

Mail Stop Amendment
Commissioner for Patents
P O Box 1450
Alexandria, Virginia, 22313-1450

Dear Sir,

Under the provision of 37 C.F.R. 1.56, 1.97 and 1.98, Applicant would like to call the Examiner's attention to the references listed on the attached Form PTO-1449. Copies of the U.S. patent references are not enclosed. Copies of the non-U.S. patent reference which was cited in the prosecution of corresponding non-U.S. applications is enclosed.

In accordance with 37 C.R.F. 1.97(b)(3), and as this Information Disclosure Statement is being filed before the mailing of a first Office action on the merits, no additional fee or statement is required.

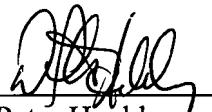
In accordance with 37 C.F.R. 1.97(g) and 37C.F.R.1.97(h), filing of this Information

disclosure Statement shall not be construed to be an admission that the information cited in the statement is, or is considered to be, material to patentability as defined in 34 C.F.R. 1.56(b).

The Examiner is requested to make the attached references of record and to consider these references along with such other references deemed pertinent as a result of the Examiner's own independent search and examination.

Respectfully submitted,

Date: June 25, 2007


D. Peter Hochberg
Reg. No. 24,603

D. Peter Hochberg Co., L.P.A.
1940 E. 6th Street – 6th Floor
Cleveland, OH 44114
(216) 771-3800
DPH/SM



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Markus Krumme

Serial No. : 10/533,835 (Conf. No. 8149)

Filing Date : May 4, 2005

Examiner (Group Art Unit) :

Title : MULTILAYERED TRANSMUCOSAL
THERAPEUTIC SYSTEM

Attorney File : RO4037US (#90568)

Mail Stop Amendment
Commissioner for Patents
P O Box 1450
Alexandria, Virginia, 22313-1450

U S PATENT DOCUMENTS

Examiner Initial	Document Number	Date	Name
_____	4,292,299	9/29/81	Suzuki, et al.
_____	6,780,504	8/24/04	Rupprecht, et al.*

U.S. Published Applications

Examiner Initial	Document Number	Date	Name
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<u>Foreign Patent Documents</u>				
Examiner Initial	Document Number	Date	Country	Translation (Yes/No)
_____	DE 199 32 603	1/25/01	Germany	No*

Other Prior Art (Inc. Author, Title, Date, Pertinent Pages, Etc)

Examiner
Initial _____ Document

Examiner _____ Date Considered:

Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to Applicant

* - Denotes corresponding references